



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV/RBT IV MAINTENANCE REPORT

RECEIVED DrHS Breath Alcohol Program
By Carol Day at 12:43 pm, Sep 02, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

ALCO SENSOR IV SN 087959	RBT IV SN 08C.3527.493	DATE OF INSPECTION 8-28-09
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct Ofallon (BATVAN)		TIME OF INSPECTION 0250

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instruments.

- ☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) **passed**
- ☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) **24°C**
- ☒ PRINTER WORKING PROPERLY **passed**
- ☒ TIME AND DATE DISPLAYING PROPERLY **8/28/09 0251**
- ☒ CALIBRATION CHECK -
Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
 - ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
 - ☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .096	TEST 2 .097	TEST 3 .097									
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34° ± .2°C) 34.0°C											
<input checked="" type="checkbox"/> RFI DETECTOR OPERATING passed											
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)											
REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(Over .19)	0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

meets DOHSS Standards

Guth Labs, lot# 09120 conc. 0.10 exp 4/8/10

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Travis Donos
TYPE II PERMIT NUMBER/EXPIRATION DATE 920136 6-19-2011	TELEPHONE NUMBER 636-949-0809



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **09120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1198** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **April 8, 2010** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

CERTIFIED ALCOHOL REFERENCE SOLUTION FOR SIMULATOR

09120
LOT NO.

4/8/09
MFG. DATE

4/8/10
EXP. DATE

275 Gal.
LOT VOL.

500 ML
BOT. VOL.

BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.
590 North 67th Street, Harrisburg, PA 17111
Toll Free 800-233-2338

Rev. 4/02



AS IV Serial no: 082950
Version no: 0840

TEST RECORD 08147

Test Date Time 2101

At Place: 08/28/89 02:52 .006

Subject Test: Man 25 08/28/89 02:52 .006

Subject Name

Subject I.D.

T Jones SCB

Operator Name: I.D.

Location

AS IV Serial no: 082950
Version no: 0840

TEST RECORD 08148

Test Date Time 2101

At Place: 08/28/89 02:53 .006

Subject Test: Man 25 08/28/89 02:53 .007

Subject Name

Subject I.D.

T Jones SCB

Operator Name: I.D.

Location

AS IV Serial no: 082950
Version no: 0840

TEST RECORD 08149

Test Date Time 2101

At Place: 08/28/89 02:54 .006

Subject Test: Man 25 08/28/89 02:54 .007

Subject Name

Subject I.D.

T Jones SCB

Operator Name: I.D.

Location

AS IV Serial no: 082950
Version no: 0840

TEST RECORD 08150

Test Date Time 2101

At Place: 08/28/89 02:55 .006

Subject Name

Subject I.D.

T Jones SCB

Operator Name: I.D.

Location

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



TRAVIS JONES

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER;INTOXILYZER 5000;ALCO-SENSOR IV/RBT IV

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 06/19/09
Number 920136
Expires 06/19/2011

John J Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

